

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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16						
17						
18						
19						
20						
21						
22	1					
23						
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26	1					
27						
28						
29						
30	1					
31						
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36						
37						
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39						
40						
41						
42						
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49	1					
50		1				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	55	←		←		←
TOTAL CLAIMS	62					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
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55	1					
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY